



Minutes of the Meeting of the BOARD OF DIRECTORS held in Public on Wednesday 17th October, 2012, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT:

	Mr. T. Pedder (Chair)	
Professor R. Billingsley		Mrs. S. Harrison
Sir Andrew Cash		Ms. K. Major
Professor H. A. Chapman		Mr. V. Powell
Mr. J. Donnelly		Mr. N. Priestley
Ms. V. Ferres		Dr. D. Throssell
Mr. M. Gwilliam		Professor A. P. Weetman

IN ATTENDANCE:

Miss S Coulson (Minutes)	Mr. A. Riley
Mrs. J. Phelan	Mr. N. Riley

Ms. J. Smith – Items STH/167/12 (a) and STH/168/12(c)

STH/164/12

Declaration of Interests

No declarations of interest were made.

STH/165/12

To receive and approve the Minutes of the Meeting held on Wednesday 19th September, 2012

The Minutes of the Meeting held on Wednesday 19th September, 2012, were **APPROVED** and signed as a correct record by the Chairman.

STH/166/12

Relevant Matter(s) Arising:

(a) Major Trauma Centre

(STH/138/12(a)) The Director of Service Development gave a brief update on the current position and highlighted the following points:

- Work on the Business Case was progressing and it would be presented to the Board of Directors in November, 2012.
- The anticipated additional level of activity had been revised at 8 -11 cases per month and clearly that would have an impact on the potential income that may derive from being a Major Trauma Centre.
- The Trust had committed £200k to date on recruitment of staff i.e. neurosurgeon and nurse co-ordinators but no additional Emergency Consultants had been appointed.
- The financial gap was likely to be significant.

- Further Commissioner discussions may be held regarding the number of Major Trauma Centres required for Yorkshire and Humber.
- The designation standards would keep increasing over time.

The Chief Nurse/Chief Operating Officer reported that Janette Watkins, General Manager, Emergency Medicine, had been appointed to lead the work on the Urgent Care Vision across the City. The first stage would be to bring together stakeholders, clinicians, managers and community staff by setting up a Visioning Workshop.

(b) Annual Safeguarding Children Report

(STH/139(c)(iv)) The Chief Nurse/Chief Operating Officer explained that, further to discussions at the September Board meeting, she felt that there was a balance to strike regarding the attendance of members of the Safeguarding Team at SSCB meetings. Therefore, as the Safeguarding Team comprised only a small number of staff, it had been determined that they would attend 100% of essential meetings.

(c) Complaints Annual Report

(STH/140/12(a)) The Chief Nurse/Chief Operating Officer reported that the KO41 data had not been released as yet (normally published in August). However, the plan was, following its publication, to look at the Shelford group of Trusts in order to provide the Board with some comparative data.

This matter would come back to the Board through the Healthcare Governance Committee.

(d) Quality in the New NHS

STH/139/12(d) The Acting Medical Director reported that the “true for us” exercise referred to at the September Board Meeting was underway and would be completed within the month.

STH/167/12

Clinical Performance:

(a) Clinical Update: Non Medical Prescribing

The item was introduced by the Chief Nurse/Chief Operating Officer and Julie Smith, the Nurse Director who leads on Non Medical Prescribing, gave a detailed presentation. She highlighted the following points during the presentation:

- It was a growing area of practice and it was important to raise the awareness of that with the medical staff. In order to do that a presentation would be given to the Clinical Management Board.
- Non medical prescribers had been around from 2002.
- In 2006 there was a major change in that Nurses and Pharmacists were able to prescribe from the BNF any licensed medicine for any medical condition within their competence (usually for long term conditions).
- The most recent change in April 2012 was that Independent Prescribers were allowed to prescribe a limited range of controlled drugs for specific conditions within their sphere of practice (but not for addiction). A Trust Register was kept which reflected that intention to prescribe where appropriate.

- The Trust currently had 221 non medical prescribers (nurses, pharmacists and radiographers) across all specialities. It was noted that recently non medical prescribers were gradually being used to fill the gaps left in junior doctor cover and this had caused some concern regarding generic prescribing. That practice was being carefully monitored.
- Staff received training at both Sheffield University and Sheffield Hallam.
- Future changes included:
 - legislation amendments to allow physiotherapists and podiatrists to become independent prescribers.
 - Single Competency Framework (applicable to all prescribers regardless of profession) – this would be a major challenge for the Trust to implement. Julie Smith was working with Damian Child, Head of Pharmacy to look at ways the Trust could ensure that all existing doctors were assessed against that framework.
- The challenges for the Trust were around governance arrangements given the numbers of prescribers involved:
 - The need to identify a Trust Lead on behalf of Chief Nurse with good understanding of the role
 - Thorough, transparent administration of processes – application process/ registration/on-going competency
 - Continual Audit
 - Job descriptions reflecting the increased responsibility and the financial implications that may arise from that
 - Maintaining “control” over the development
 - For Community prescribers clarity was needed re post April 2013 arrangements particularly in relation to prescribing against GP budgets.

In answer to a question, Julie Smith emphasised that the development of non medical prescribers was patient/service driven. They provided significant benefits to patients as the Nurse Specialists had their own caseload and as a result built up a professional/patient relationship and understood the needs of their patients. They were able to examine, assess and diagnose a patient and their ability to prescribe the necessary drugs at the time of the appointment avoided the patient having to wait to see a doctor.

The Acting Medical Director stated that the medical staff supported the concern about “mission creep” but emphasised that the medical staff saw the development of non medical prescribers as a positive development and were involved in their training. He explained that over the next few years or so the Trust would see a reduction in the number of junior medical staff and as a consequence of that it may be necessary to look at expanding the role of non-medical prescribers. However, he emphasised that it would need to be done in a planned way.

The Chief Executive stated that over the next five years there would be dramatic changes in junior staff in terms of reducing numbers in surgery and anaesthetics and an increase in the numbers in psychiatry and general practice. It was felt that the Trust needed to develop a strategy which could respond to that challenge..

Tony Weetman expressed concern about the Single Competency Framework. He explained that a huge piece of work was taking place to create a prescribing assessment for all UK Graduates and it was important that there was a common examination across all professions. It was important that the existence of the Single Competency Framework and its implications should be passed on to the team

working on the assessment of UK Graduates so they could take it into account as part of their work.

In answer to a question, Julie Smith confirmed that non medical prescribers had a very low error rate which was a result of the thorough training they received. It was acknowledged, however, that junior doctors prescribed under more pressure.

The Chairman thanked Julie Smith for a very interesting presentation.

(b) Infection Control Report

The Chief Nurse/Chief Operating Officer presented her written report (Enclosure B) circulated with the agenda papers. The key points to note were:

- The Trust had had 2 MRSA bacteraemia (year to date) which meant it had breached the Department of Health threshold for 2012/2013.
- C.diff performance remained below threshold against the C.diff plan.
- An action plan was being developed for MSSA although it was noted that the Trust was not monitored against a target for MSSA bacteraemia. The actions were around good infection control practices and in particular intravenous line care.
- Since the report had been written, the Trust had seen an outbreak of Norovirus which had resulted in 16 beds being closed across the Trust. All appropriate actions had been implemented. However, the Chief Nurse/Chief Operating Officer emphasised that it was extremely unusual for Norovirus to present to such an extent so early in the winter season.

(c) Healthcare Governance Report

The Acting Medical Director presented the Healthcare Governance Summary (Enclosure C) circulated the agenda papers. The report covered the following areas:

- External Visits, Accreditations and Inspections Update – only one new inspection had been reported
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- Human Fertilisation and Embryology Renewal Inspection. No major problems had been identified.
- Care Quality Commission Compliance – six internal Quality Governance Inspections had taken place and no major problems had been identified.
- Attitude and Communication Trends – A number of workstreams existed across the Trust which either directly or indirectly addressed the issues of communications and attitude.
- Complaints and Feedback – no new messages to report
- Domestic Homicide Review – The conclusion of the review was that there was no indication from the evidence provided that the Trust or any other agency had missed any “flags” which could have prevented the outcome.
- Patient Incidents, Concerns Claims and Inquests – The Trust was participating in the FallSafe project which had been developed by the Health Foundation in conjunction with the Royal College of Physicians.
- Patient Experience Update – The Trust replied to 89% of complaints within 25 working days against a target of 85%
- Staff Incidents – no major incidents were reported and the HSE had not investigated any incidents and no enforcement action was expected.
- Directorate Healthcare Governance Arrangements – it was noted that the arrangements were out for consultation and on completion would be presented to the Healthcare Governance Committee for approval.
- Management of Controlled Drugs
- Falls Workstream progress

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Summary.

The following reports were discussed:

(i) Organ Donation

The key points to note from the report from the Organ Donation Committee (Enclosure D) were:

- NICE now mandated automatic triggered referral of potential organ donor patients and also admission to intensive care of consented potential donor from the emergency department to facilitate donation. This strengthened the pathways for donation in the weakest areas in the Trust and had been incorporated into policy for consultation.
- Resources for a second Clinical Lead on the NGH site had been approved by NHS Blood and Transplant.
- Overall, the Trust had a lower number of deaths, as evidenced by its low standardised hospital mortality rate, and a consequence of that there were less potential donors. However, the Trust's activity to identify potential donors had increased and the general referral rate had increased.
- Family refusal for donation remained high if approach was made by Consultants alone without Specialist Nurse involvement.
- 4 patients registered on the Organ Donor Register without restrictions were missed referrals from NGH GITU. This had been reported through the GITU critical incident clinical governance pathway.
- Nationally there was a review underway of the consent process.

It was **AGREED** that the Acting Medical Director would provide the Board with some comparative data against which to compare the Trust's performance.

Action: Dr. D. Throssell

The Board of Directors **RECEIVED** and **NOTED** the Annual Organ Donation Plan 2012/13.

(ii) Summary Report of Children and Young People Treated at STH including the Results of the Audit of Children Cared for in Adult Areas

The Chief Nurse/Chief Operating Officer explained that the report (Enclosure E) linked to the report on safeguarding children presented at the September 2012 Board meeting. Improvements had been made year on year and a tight risk assessment process had been implemented around children treated within STH.

She highlighted the following points:

- The audit tool was in the process of being reviewed in the light of the publication of an update of the "You're Welcome" toolkit.
- A further audit of the care of Children and Young People across the 9 care groups would be scheduled from October 2012 then 3 yearly thereafter.

- A breastfeeding facility for patients and visitors to the Royal Hallamshire Hospital would be identified.
- Feedback from children and young people and their families and friends had been obtained as part of the overall programme. It was noted that the Family and Friends Test was due to be implemented across the organisation by April 2013 and a paper would be presented to the Board in due course.
- The Trust had participated in the Yorkshire and Humber Children's Surgical Care Network.
- Look at the actions for STHFT arising from National Confidential Enquiry into Patient Outcome and Death (NCEPOD) 'Are we there yet' and develop an action plan as appropriate.
- The biggest piece of work for the Trust was around transition and that was being taken forward by the Transition Task Group including developing pathways and working closely with young people and their families. An in-house study day was held on 21st June, 2012, to further support staff education and ongoing improvements for young people during transition. Some young people and their parents presented their experiences on transition at the session.

The Board of Directors **RECEIVED** and **NOTED** the Summary Report of Children and Young People Treated at STH including the Results of the Audit of Children Cared for in Adult Areas

(iii) Annual Safeguarding Adults Report 2011/12

The Chief Nurse/Chief Operating Officer referred to the Annual Safeguarding Adults Report 2011/12 (Enclosure F) circulated with the agenda papers and explained that it was one of the Trust's key responsibilities. The report included the Department of Health definition of what constitutes a vulnerable adult:

The term 'vulnerable adult' refers to any person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is unable to take care of him or herself or protect him or herself against significant harm or exploitation.

She explained that it was an extremely complex field involving multi-agency work and the report tried to reflect that.

The key points to note were:

- All policies and procedures were South Yorkshire wide.
- Alerts and referrals had increased from 7 in 2008/09 to 202 in 2011/12. Of those 202 alerts, 136 were referred on.
- Neglect was the main category of abuse.
- Safeguarding concerns were investigated at different levels with the majority being investigated at service level. Individual Management

Reviews into serious case reviews and domestic homicide reviews required an advanced level of investigative and analytical skills.

- A growing area of work was around the Mental Capacity Act and Deprivation of Liberty Safeguards. Referrals were also growing around domestic abuse.
- There was an expectation that alerts would rise now that community services were integrated within the Trust.

In conclusion, it was noted that this was a complex and growing area requiring multi-disciplinary work.

The Board of Directors **RECEIVED** and **NOTED** the Annual Safeguarding Adults Report 2011/12

(iv) Equality and Human Rights Annual Report

The Trust Secretary referred to the Annual Report (Enclosure G) circulated with the agenda papers. He explained that the key points and assurances about how the Trust was addressing the ongoing responsibilities arising from the 2010 Quality Act were set out in the Executive Summary.

The Board of Directors **RECEIVED** and **NOTED** the Equality and Human Rights Annual Report 2011/12.

(v) Quarterly Mortality Report – September 2012

The Acting Medical Director presented the quarterly Trust Mortality Report as at September 2012 (Enclosure H). The key points to note were:

- Hospital Standardised Mortality Ratio (HSMR) - The rolling HSMR for June 2011 – May 2012 of 89.2 for all admissions was “significantly lower than the national benchmark”. The rebased value STH NHSFT for 2011/12 was anticipated to be 97 (within expected range) and confirmation of that was awaited from Dr. Foster. The anticipated rebased value for Yorkshire and the Humber was 103.

STH NHSFT	Rolling 12 months HSMR June 2011 - May 2012
All Admissions	89.2 (85.7 – 92.8)
Elective Admissions	72.8 (57.9 – 90.4)
Non Elective Admissions	89.9 (86.3 – 93.6)

- SHMI - The Information Centre SHMI value for STH for the period 1st January 2011 to 31st December 2011, was 0.92 (0.89 -1.12 *over-dispersion control limits of 95%*) for an expected 3799 deaths which compared with the value of 0.86 for 2010/11.

Based on the latest available data and as expected STH's SHMI value remained at 0.92 for the period April 2011 to March 2012.

The Board of Directors **RECEIVED** and **NOTED** the Quarterly Mortality Report as at September 2012.

(vi) Incidents/Never Events – Doncaster Inquiry

The Acting Medical Director reported that the outcome of the inquest was a narrative verdict and the Coroner had issued a Rule 43 letter to the three organisations involved which included STH regarding out of hours cover for vascular radiology across South Yorkshire. The letter had not yet been received by the Trust.

STH/168/12

Financial and Operational Performance

(a) Report from the Director of Finance

The Director of Finance referred to his written report (Enclosure I) circulated with the agenda papers. He explained that overall it was a disappointing position and the key points to note were:

- The Quarter 2 monitoring returns were to be submitted to Monitor on 31st October 2012. The Governance rating would be green. The financial returns would reflect the Month 6 position which would be known later in the month. As in previous submissions, the Board statement on maintaining a Financial Risk Rating of 3 for the next 12 months would need to be qualified in terms of the current lack of information on 2013/14.
- The Month 5 financial position was a 0.9% (£3,038.5k) deficit against plan with a significant, but reduced, over performance on activity and an under delivery against Directorate efficiency plans. Although that was a disappointing position it did reflect a pattern seen in previous years.
- The level of activity over performance was causing concern for NHS Sheffield and the issues raised were requiring careful consideration and management.
- The key financial management actions for the Trust were to drive the Efficiency Programme; progress the Performance Management Framework work with Directorates; secure general improvements in financial positions across Directorates; contain operational pressures; agree appropriate actions to assist NHS Sheffield/manage contractual challenges; and maximise contingencies.
- The 2013/14 financial planning process was now underway and the extent of the challenge was becoming apparent.
- The on-going challenge of achieving major efficiency savings whilst delivering key service targets, improving quality and coping with operational pressures would remain fundamental to the Trust's success in 2012/13 and also in 2013/14 when further significant savings would be required. Directorates were forecasting a year end position shortfall of £2.5 m against their efficiency plans.
- Agreed with NHS Sheffield to extend risk share into general medicine but significant discussions were still taking place about the Frailty Unit.

The Board **NOTED** the 2012/13 Month 5 financial position, the associated issues and the commencement of the 2013/14 financial planning process.

(b) Report from the Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer referred to the August 2012 report (Enclosure J) circulated with the Board papers. She explained that it was a relatively positive report. The 18 week target was achieved in August and an extensive validation programme had commenced to validate patients on the 18 week pathway. The aim was to complete the validation exercise by the end of March 2013.

The key points to note were:

- New outpatient activity was 0.8% below target in August and was now 0.7% above target for the year to date. Follow up activity was 2.5% above target for the year to date.
- The level of elective inpatient activity was 1.4% below target in August and was now 1.31% above target for the year to date.
- Non elective activity was 2.6% above expected levels in August and now 3.4% above for the year to date.
- The waiting list for inpatients rose by 87 in August and the outpatient queue rose by 416.

In answer to a question on whether the Trust had seen an increase in patients presenting with whooping cough recently, the Chief Nurse/Chief Operating Officer stated that she was not aware of an increase. The main programme was the vaccination of pregnant women which was being undertaken primary care.

With reference to the Flu Vaccination Programme, the Director of Human Resources reported that the Trust had launched a significant campaign to encourage front line staff to take up vaccination. The campaign involved vaccination teams going out onto wards and department as in previous years.

Emergency Care Plan: presentation

Julie Smith, Project Director, gave a detailed presentation on the Emergency Care Plan. The presentation covered the following areas:

- What the plan was about?
- How is it monitored?
- Some of the actions
- How success is measured?
- Progress on Trust actions to date
- External actions
- Next steps

It was noted that:-

- monthly operational meetings, led by the Chief Executive, took place.
- the following progress had been made:
 - Achieved all the planned bed closures – H4/H5/AAU up to July 2012.
 - Achieved reconfiguration of Discharge teams.
 - Achieved high level Bed management reconfiguration and integration of teams.
 - Achieved replacement of Local Authority resource beds by all fully nursed beds.
 - Implemented Transfer of Care documentation.
 - Opened Frailty Unit in May 2012 with Rapid Response support.
 - 10% increase in CICS Capacity
 - 20% increase in use of Discharge Lounge
 - Implemented early morning capacity plan meeting in Emergency Care.
 - Improved weekend access to Pharmacy compliance aids.
 - Ward based therapy assessments within 48 hrs
- The external pressures included:
 - 4 Day discharge target for Social Services

- Additional STIT capacity (currently cause for concern)
 - Development of GPAs with a focus upon admission avoidance.
 - Expansion of “Home of Choice” scheme
 - Extension of Community Equipment loans
 - Development of Personal Budget scheme
 - Free City wide alarms for 6 weeks
 - Additional Housing Officer support to Bedded areas.
- The next steps were:
- Deloittes support to Demand and Capacity mapping exercise (phase 2).
 - Consultation to change the current Bed management model, in partnership with Directorates.
 - Maintain pressure on Social Services re delivery of 4 day target.
 - Maintain progress on KPIs
 - All Care Groups to provide their own escalation plans re A&E Target
 - Change the model of Medical Outliers
 - Continue weekly scrutiny of 15+days LOS.

In answer to a question, Julie Smith reported that things were definitely better but felt that the systems in place were not sufficiently robust enough as yet and therefore were vulnerable to any increased pressure. However, significant benefit had been gained as a result of the integration of community services. It was also noted that maintaining the Right First Time Programme may become challenging given the financial pressures facing all the partner organisations.

The Board requested an update on the integration of community services and the Chief Nurse/Chief Operating Officer agreed to arrange that and present it to a future meeting.

Action: Hilary Chapman

The Chairman thanked Julie Smith for a valuable and interesting presentation and noted that the delivery of the plan in part depended on other agencies.

STH/169/12

Our Staff

Report from the Director of Human Resources

The Director of Human Resources presented his written update on Human Resources issues (Enclosure K) circulated with the agenda papers. The update covered the following topics:

- Staff Engagement – Directorate staff engagement action plans were now in place to address the issues identified in the 2011 survey. Further analysis had also been undertaken on the effectiveness of team working.
- 2012 Staff Survey – the number of staff surveyed had increased to 5000 (one-third of the workforce). It was noted that the data was destroyed after three years by the Department of Health which prevented longitudinal analysis.

The Director of Human Resources reported that the aim was that the Trust would design its own short questionnaire comprising relevant questions so as to ensure that it gathered the type of information it wished to. The questionnaire would be circulated throughout the whole organisation.

- The Cutlers Made in Sheffield Initiative - It was a joint initiative raising awareness of the range of opportunities that the NHS had to offer and to encourage young people to

consider careers in the Trust or the NHS. The Chairman reported that he had attended the event and it was amazing and was something the Trust should be proud of. 60 young ambassadors from the schools had been recruited.

- MARS – The Trust had launched its third MARS scheme. The previous two schemes had been very successful.
- Thank You Awards – The Trust was to hold its 10th Annual Thank You Awards on 17th October, 2012, at the Sheffield City Hall Ballroom.

STH/170/12

Chief Executive's matters

The Chief Executive reported the following matters:

- (a) The National Commissioning Board had assumed its new duties with effect from 1st October, 2012 and would hold a significant contract with the Trust for specialised services. Strategic Health Authorities were on course to be disbanded on 31st March, 2012.
- (b) Kathryn Riddle had been appointed as the Independent Chair of the Yorkshire and Humber Local Education and Training Board and would take up the role from April 2013.
- (c) Academic Health Sciences Network – The next stage was for representatives of the Yorkshire and Humber bid to be interviewed as part of the process.
- (d) The new RHH Outpatients Pharmacy had been approved and was due to open in December 2012.
- (e) The Informatics Team had won the Excellence in Patient Safety Award.
- (f) The Physiotherapy Works Team had won the GP Primary Care Medipex Award.

STH/171/12

Chairman and Non-Executive Directors' matters

The Chairman had no matters to raise.

Shirley Harrison reported that she represented the Trust at the HSJ Efficiency Awards in London at which three teams for the Trust had been shortlisted - Pharmacy, Rheumatology and the Frailty Unit. Unfortunately none of the teams won but the Frailty Unit was highly commended in their class.

STH/172/12

For Approval/Ratification

(a) Common Seal

The Board of Directors' **APPROVED** the affixing of the Corporate Common Seal to the following documents relating to the Pharmacy Outsourcing Project approved by the Board of Directors on 19th September 2012:

- A 7-year service contract between Sheffield Teaching Hospitals NHS Foundation Trust and Boots UK Ltd for a outpatient dispensing service (financial commitment for the duration of the contract is £2.1m [net present value])

- Lease and Licence between Sheffield Teaching Hospitals NHS Foundation Trust and Boots UK Ltd for alterations to space on C Floor at the Royal Hallamshire Hospital to be used as an Outsourced Pharmacy (See attached Executive Summary)

STH/173/12

Date and Time of Next Meeting

The next Meeting of the Board of Directors to be held in Public would be at 9.15 am on Wednesday 21st November, 2012, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.

Signed
Chairman

Date